

SENDER: COMPLETE THIS SECTION

- I Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- I Print your name and address on the reverse so that we can return the card to you.
- I Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Dauphin Cty Courthouse
Room 101
Front & Market Streets
Harrisburg, PA
17101

Article Number

(Transfer from service label) 7001 1140 0000 9829 6769

Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

RECEIVED BY
COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

barbara kennedy

B. Date of Delivery

1-28-02

C. Signature

X Barbara Kennedy

 Agent Addressee

D. Is delivery address different from item 1?

(If YES, enter delivery address below.)

 Yes No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**FILED D**

FEB 14 2002

PER

GTS
HARRISBURG, PA DEPUTY CLERK

1-CV-01-1169

Copy
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